

Code of Federal Regulations
Centers for Medicare and Medicaid Services
State Operations Manual

Appendix J

Survey Procedures and Interpretive Guidelines
For Intermediate Care Facilities for
Persons with Mental Retardation

(Sections 483.430(a) W159 thru 483.430(b)(5)(x) W180)

W158**§483.430 Condition of Participation: Facility Staffing****§483.430 Compliance Principles**

The Condition of Participation of Facility Staffing is met when:

- The Condition of Participation of Active Treatment is met (i.e., there are sufficient numbers of competent, trained staff to provide active treatment.); and
- The Condition of Participation of Client Protections is met (i.e., there are sufficient numbers of competent, trained staff to protect individuals' health and safety.).

The Condition of Participation of Facility Staffing is not met when:

- The Condition of Participation of Active Treatment has first been determined to be not met and the lack of active treatment has resulted from insufficient numbers of staff or lack of trained, knowledgeable staff to design and carry out individual's programs; or
- The Condition of Participation of Client Protections has first been determined to be not met and the lack of client protection has resulted from insufficient numbers of competent, trained staff to protect the health and safety of individuals.

§483.430(a) Standard: Qualified Mental Retardation Professional

W159

Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional

Facility Practices §483.430(a)

There is an assigned qualified mental retardation professional (QMRP).

There are sufficient numbers of QMRPs to accomplish the job.

The QMRP observes individuals, reviews data and progress, and revises programs based on individual need and performance.

The QMRP ensures consistency among external and internal programs and disciplines.

The QMRP ensures service design and delivery which provides each individual with an appropriate active treatment program.

The QMRP ensures that any discrepancies or conflicts between programmatic, medical, dietary, and vocational aspects of the individual's assessment and program are resolved.

The QMRP ensures a follow-up to recommendations for services, equipment or programs.

The QMRP ensures that adequate environmental supports and assistive devices are present to promote independence.

Guidelines §483.430(a)

View the person serving in the QMRP role as pivotal to the adequacy of the program the individual receives, since it is this role that is intended to ensure that the individual receives those services and interventions necessary by competent persons capable of delivering them. The paramount importance of having persons competent to judge and supervise active treatment issues cannot be overstated.

An individual's IPP may be coordinated and monitored by more than one QMRP or by other staff persons who perform the QMRP duties. There must, however, be one QMRP who is assigned primary responsibility and accountability for the individual's IPP and the QMRP function.

The regulations do not specify if the person designated as QMRP must do the duties of a QMRP exclusively, or is allowed to perform other professional staff duties in addition. The facility has the flexibility to allocate staff resources in whatever manner it believes is necessary as long as it ensures that the QMRP function is performed effectively for each individual.

The test of whether the number of QMRPs is adequate rests with the ability of the facility to provide the services described in §483.430(a) in an effective manner. The number will vary depending on such factors as the number of individuals the facility serves, the complexity of needs manifested by these individuals, the number, qualifications and competencies of additional professional staff members, and whether or not other duties are assigned to the QMRP function.

Probes §483.430(a)

Are the QMRP functions actually being carried out, or is paperwork simply reviewed?

Are timely modifications of unsuccessful programs or development of programs for unaddressed, but significant needs made or ensured by the QMRP function?

Are program areas visited and are performance and problems of individuals discussed?

Does the plan flow from only the original diagnosis/assessment? Does it take into consideration interim progress on plans and activities?

Does the QMRP make recommendations and requests on behalf of individuals? How does the facility respond?

W160

Who--

§483.430(a)(1) Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; and

(a)(2) Is one of the following:

W161

(a)(2)(i) A doctor of medicine osteopathy.

W162

(a)(2)(ii) A registered nurse.

W163

(a)(2)(iii) An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section.

§483.430(b) Standard: Professional Program Services

W164

§483.430(b)(1) Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.

Facility Practices §483.430(b)(1)

Individuals receive professional services when the comprehensive functional assessment or the active treatment program defined by the IPP requires the knowledge, skills and expertise of someone specially trained in a given discipline in order to be effectively implemented.

In the presence of a functional deficit, there is input by the relevant professional discipline(s) in order to assess the individual and develop a relevant active treatment program.

Guidelines §483.430(b)(1)

For an active treatment program to be responsive to the individual's unique needs, there must be a foundation of competent professional knowledge that can be drawn upon in the implementation of the interdisciplinary team process. Individuals with developmental deficits will require initial, temporary, or ongoing services from professional staff, knowledgeable about contemporary care practices associated with these areas. A special mention needs to be made that individuals should not be provided with services that are **not** needed (e.g., if an individual is basically healthy and not on medication, then the individual should not be provided extensive health and health-related services).

The needs identified in the initial comprehensive functional assessment, as required in [§483.440\(c\)\(3\)\(v\)](#), should guide the team in deciding if a particular professional's further involvement is necessary and, if so, to what extent professional involvement must continue on a direct or indirect basis.

Since such needed professional expertise may fall within the purview of multiple professional disciplines, based on overlapping training and experience, determine if the facility's delivery of professional services is adequate by the extent to which individuals' needs are aggressively and competently addressed. Some examples in which professional expertise may overlap include:

- **Physical development and health:** nurse (routine medical or nursing care needs that do not interfere with participation in other programs); physician, physician assistant, nurse practitioner (acute major medical intervention, or the treatment of chronic medical needs which will be dependent upon an individual's success or failure in other treatment programs).
- **Nutritional status:** nurse (routine nutritional needs that do not affect participation in other programs); nutritionist or dietitian (chronic health problems related to nutritional deficiencies, modified or special diets).
- **Sensorimotor development:** physical educators, adaptive physical educators, recreation therapists, (routine motor needs involving varying degrees of physical fitness or dexterity); special educators or other visual impairment specialists (specialized mobility training and orientation needs); occupational therapist, physical therapist, physiatrist (specialized fine and gross motor needs caused by muscular, neuromuscular, or physical limitations, and which may require the therapeutic use of adaptive equipment or adapted augmentative communication devices to increase functional independence); dietitians to increase specialized fine and gross motor skills in eating.

- **Affective (emotional) development:** special educators, social workers, psychologists, psychiatrists, mental health counselors, rehabilitation counselors, behavior therapists, behavior management specialists.
- **Speech and language (communication) development:** speech-language pathologists, special educators for people who are deaf or hearing impaired.
- **Auditory functioning:** audiologists (basic or comprehensive audiologic assessment and use of amplification equipment); speech-language pathologists (like audiologists, may perform aural rehabilitation); special educators for individuals who are hearing impaired.
- **Cognitive development:** teacher (if required by law, i.e., school aged children, or if pursuit of GED is indicated), psychologist, speech-language pathologist.
- **Vocational development:** vocational educators, occupational educators, occupational therapists, vocational rehabilitation counselors, or other work specialists (if development of specific vocational skills or work placement is indicated).
- **Social Development:** teachers, professional recreation staff, social workers, psychologists (specialized training needs for social skill development).
- **Adaptive behaviors or independent living skills:** Special educators, occupational therapists

W165

Professional program staff must work directly with clients

Facility Practices §483.430(b)(1)

Individuals receive interventions or services directly from professional staff when required by individual needs, program design, implementation, or monitoring.

W166

and with paraprofessional, nonprofessional and other professional program staff who work with clients.

Facility Practices §483.430(b)(1)

When required by individual need, program design, implementation, or monitoring, professional staff work directly with paraprofessional, nonprofessional and other

professional program staff to assure that these individuals have the skills necessary to carry out the needed interventions.

Guidelines §483.430(b)(1)

There are some individuals in ICFs/MR who can often have their needs effectively met without having direct contact with professional staff on a daily basis. The intent of the requirement is not to require that professionals work directly with individuals on a daily basis, but only as often as an individual's needs indicate that professional contact is necessary. The amount and degree of direct care that professionals must provide will depend on the needs of the individual and the ability of other staff to train and direct individuals on a day-to-day basis.

W167

§483.430(b)(2) The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.

Facility Practices §483.430(b)(2)

Each individual receives professional interventions as needed and specified in the IPP, in sufficient quantity to assure correct implementation.

Guidelines §483.430(b)(2)

If there is sufficient evidence that para- and non-professional staff demonstrate the needed competencies to carry through with intervention strategies, you may be satisfied there is sufficient professional staff to carry out the active treatment program. However, if the professional's expertise is not demonstrable at the para- and non-professional staff level, question both the numbers of professional staff and the effectiveness of the transdisciplinary training of para- and non-professional staff.

Probes §483.430(b)(2)

Are these services available when they are most beneficial for the individual?

Are these people available to staff on other shifts? Weekend staff?

Are professional staff available to monitor the implementation of individual programs if necessary?

W168

§483.430(b)(3) Professional program staff must participate as members of the interdisciplinary team in relevant aspects of the active treatment process.

Facility Practices §483.430(b)(3)

When necessary to develop, implement or monitor an individual's active treatment program, appropriate professional staff participate as interdisciplinary team (IDT) members.

Guidelines §483.430(b)(3)

"Participate" means providing input through whatever means is necessary to ensure that the individual's IPP is responsive to the individual's needs. The purpose of the interdisciplinary team process is to provide team members with the opportunity to review and discuss information and recommendations relevant to the individual's needs, and to reach decisions as a team, rather than individually, on how best to address those needs. Therefore, determine whether or not there is a pattern of active treatment based on professional participation in the process.?

Without a negative outcome to demonstrate that professional involvement in any aspect of the active treatment process (e.g., comprehensive functional assessment, IPP development, program implementation, etc.) was insufficient or inaccurate, the facility is allowed the flexibility to use its resources in a manner that works in behalf of the client, in accordance with the regulations.

W169

§483.430(b)(4) Professional program staff must participate in on-going staff development and training in both formal and informal settings with other professional, paraprofessional, and nonprofessional staff members.

Facility Practices §483.430(b)(4)

Professional staff receive training in their own discipline to assure adequate delivery of services and to be aware of developments in their field.

Professional staff receive training in other disciplines to the extent necessary to meet the needs of each individual.

Professional staff provide training to others.

Guidelines §483.430(b)(4)

“Participate” means both seeking out self-training and provision of training to others.

W170

§483.430(b)(5) Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices.

Probes 483.430(b)(5)

How does the facility verify that its professionals meet State licensing requirements?

Those professional program staff who do not fall under the jurisdiction of State licensure, certification, or registration requirements, specified in [§483.410\(b\)](#), must meet the following qualifications:

W171

§483.430(b)(5)(i) To be designated as an occupational therapist, an individual must be eligible for certification as an occupational therapist by the American Occupational Therapy Association or another comparable body.

Guidelines §483.430(b)(5)(i)-(ix)

The introductory phrase “to be designated as...” means that a provider is allowed to represent him or herself as a professional provider in that discipline, only if the provider meets State licensing requirements, or if the particular discipline does not fall under State licensure requirements, the provider meets the qualifications specified in §§483.430(b)(5)(i)-(ix). A person who is not qualified, for example, as a social worker, may not be referred to as a social worker per se. Nevertheless, such a person may be able to provide social services in an ICF/MR if there is no conflict with State law, and as long as the individuals’ needs are met.

W172

§483.430(b)(5)(ii) To be designated as an occupational therapy assistant, an individual must be eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association or another comparable body.

W173

§483.430(b)(5)(iii) To be designated as a physical therapist, an individual must be eligible for certification as a physical therapist by the American Physical Therapy Association or another comparable body.

W174

§483.430(b)(5)(iv) To be designated as a physical therapy assistant, an individual must be eligible for registration by the American Physical Therapy Association or be a graduate of a two year college-level program approved by the American Physical Therapy Association or another comparable body.

W175

§483.430(b)(5)(v) To be designated as a psychologist, an individual must have at least a master's degree in psychology from an accredited school.

§483.430(b)(5)(vi) To be designated as a social worker, an individual must--

W176

§483.430(b)(5)(vi)(A) Hold a graduate degree from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; or

§483.430(b)(5)(vi)(B) Hold a Bachelor of Social Work degree from a college or university accredited or approved by the Council on Social Work Education or another comparable body.

§483.430(b)(5)(vii) To be designated as a speech-language pathologist or audiologist, an individual must--

W177

§483.430(b)(5)(vii)(A) Be eligible for a Certificate of Clinical Competence in Speech-Language Pathology or Audiology granted by the American Speech-Language-Hearing Association or another comparable body; or

§483.430(b)(5)(vii)(B) Meet the educational requirements for certification and be in the process of accumulating the supervised experience required for certification.

W178

§483.430(b)(5)(viii) To be designated as a professional recreation staff member an individual must have a bachelor's degree in recreation or in a specialty area such as art, dance, music or physical education.

W179

§483.430(b)(5)(ix) To be designated as a professional dietitian, an individual must be eligible for registration by the American Dietetics Association

Guidelines §483.430(b)(5)(ix)

The Commission on Dietetic Accreditation of the American Dietetic Association is the organization to whom the American Dietetic Association delegates this responsibility.

W180

§483.430(b)(5)(x) To be designated as a human services professional an individual must have at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).

Guidelines §483.430(b)(5)(x)

The intent for including a “human services professional” category is to expand the number and types of persons who could qualify as QMRPs, while still maintaining acceptable professional standards.

“Human services field” includes all the professional disciplines stipulated in [§§483.430\(a\)\(3\)\(i\)\(ii\)](#) and [§§483.430\(b\)\(5\)\(i\)-\(ix\)](#), as well as any related academic disciplines associated with the study of: human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts).

An individual with a “bachelors degree in a human services field” means an individual who has received: **at least** a bachelor's degree from a college or university (master and doctorate degrees are also acceptable) and has received academic credit for a major or minor coursework concentration in a human services field, as defined above. Although a variety of degrees may satisfy the requirements, majors such as geology and chemical engineering are not acceptable.

Taking into consideration a facility's needs, the types of training and coursework that a person has completed, and the intent of the regulation, the facility and you can exercise wide latitude of judgment to determine what constitutes an acceptable "human services" professional. Again, the key concern is the demonstrated competency to do the job.

W181

§483.430(b)(5)(xi) If the client's individual program plan is being successfully implemented by facility staff, professional program staff meeting the qualifications of paragraph (b)(5)(i) through (x) of this section are not required--

(b)(5)(xi)(A) Except for qualified mental retardation professionals;

(b)(5)(xi)(B) Except for the requirements of paragraph (b)(2) of this section concerning the facility's provision of enough qualified professional program staff; and

(b)(5)(xi)(C) Unless otherwise specified by State licensure and certification requirements.

§483.430(c) Standard: Facility Staffing

W182

§483.430(c)(1) The facility must not depend upon clients or volunteers to perform direct care services for the facility.

Facility Practices §483.430(c)(1)

The facility has sufficient staff to provide needed care and services without the use of volunteers or enlisting the help of individuals residing in the facility.

Guidelines §483.430(c)(1)

Volunteers may provide **supplementary** services. The facility may not rely on volunteers to fill required staff positions and perform direct care services.

Examine closely the adequacy of staffing when individuals served are engaged in the care, training, treatment or supervision of other individuals, either as part of training, "volunteer work," or normal daily routines. (See [W131-W132](#) for additional interpretation of productive work done as a "volunteer" or as part of the individual's active treatment program.) The test of adequacy is whether or not there is sufficient staff to accomplish the job in the absence of the individual's work. Work done as part of an active treatment training program requires that the staff are monitoring and teaching new skills as part of the IPP.